

**TRANSCRIPT ORDER FORM**

DUE DATE:

*Please Read Instructions on Page 2.*

<b>1. REQUESTOR'S INFORMATION:</b>	NAME Zachary T. Lee	TELEPHONE NUMBER 276-628-4161								
DATE OF REQUEST 07/01/2020	EMAIL ADDRESS ( <i>Transcript will be emailed to this address.</i> ) USAVAW.ECFAbingdon@usdoj.gov									
MAILING ADDRESS 180 West Main Street, Suite B-19		CITY, STATE, ZIP CODE Abingdon, VA 24210								
<b>2. TRANSCRIPT REQUESTED:</b>	NAME OF COURT REPORTER  <u>OR</u> CHECK HERE <input type="checkbox"/> IF HEARING WAS RECORDED BY FTR									
CASE NUMBER 1:20MJ92	CASE NAME US v. James Brown	JUDGE'S NAME Sargent								
DATE(S) OF PROCEEDING(S) 06/30/2020	TYPE OF PROCEEDING(S) Bond hearing	LOCATION OF PROCEEDING Abingdon, VA								
REQUEST IS FOR: ( <i>Select one</i> ) <input type="checkbox"/> FULL PROCEEDING <u>OR</u> <input checked="" type="checkbox"/> SPECIFIC PORTION(S) ( <i>Must specify below</i> )  SPECIFIC PORTION(S) REQUESTED ( <i>If applicable</i> ): testimony of witness, Viani Ayala										
<b>3. SERVICE TURNAROUND CATEGORY REQUESTED:</b> ( <i>See Page 2 for descriptions of each service turnaround category.</i> )										
<table border="0"><tr><td><input type="checkbox"/> Ordinary (30-Day)</td><td><input type="checkbox"/> Daily</td></tr><tr><td><input checked="" type="checkbox"/> 14-Day</td><td><input type="checkbox"/> Hourly</td></tr><tr><td><input type="checkbox"/> Expedited (7-Day)</td><td><input type="checkbox"/> RealTime</td></tr><tr><td><input type="checkbox"/> 3-Day</td><td></td></tr></table>			<input type="checkbox"/> Ordinary (30-Day)	<input type="checkbox"/> Daily	<input checked="" type="checkbox"/> 14-Day	<input type="checkbox"/> Hourly	<input type="checkbox"/> Expedited (7-Day)	<input type="checkbox"/> RealTime	<input type="checkbox"/> 3-Day	
<input type="checkbox"/> Ordinary (30-Day)	<input type="checkbox"/> Daily									
<input checked="" type="checkbox"/> 14-Day	<input type="checkbox"/> Hourly									
<input type="checkbox"/> Expedited (7-Day)	<input type="checkbox"/> RealTime									
<input type="checkbox"/> 3-Day										
<b>4. CERTIFICATION:</b> By signing below, I certify that I will pay all charges (deposit plus additional).										
DATE 07/01/2020	SIGNATURE s/Zachary T. Lee									

If you have any questions, please contact the court reporter coordinator at (540) 857-5152 or by email to [CRC@vawd.uscourts.gov](mailto:CRC@vawd.uscourts.gov).

Transcript Fee Rates can be found on our website under Standing Orders at:  
<http://www.vawd.uscourts.gov/media/1576/transcripts2018-3.pdf>

**NOTE:** Form must be flattened prior to electronically filing in CM/ECF so that all fillable fields can no longer be modified.